Pro Se 14 (Rev. 12/16) Complaint for Violation of Civil Rights (Prisoner)

UNITED STATES DISTRICT COURT

for the

District of U+ah

TILED

2021 DEC 28

CLERK

U.S. DISTRICT COURT

North PN-DAVIS Division

Angel Christopher Abreu

Plaintiff(s)

(Write the full name of each plaintiff who is filing this complaint. If the names of all the plaintiffs cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names.)

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Defendant(s)

(Write the full name of each defendant who is being sued. If the names of all the defendants cannot fit in the space above, please write "see attached" in the space and attach an additional page with the full list of names. Do not include addresses here.)

Case No.

1:21-cv-00129-R-S

(to be filled in by the Clerk's Office)

Amended Complaint

COMPLAINT FOR VIOLATION OF CIVIL RIGHTS

(Prisoner Complaint)

NOTICE

Federal Rules of Civil Procedure 5.2 addresses the privacy and security concerns resulting from public access to electronic court files. Under this rule, papers filed with the court should *not* contain: an individual's full social security number or full birth date; the full name of a person known to be a minor; or a complete financial account number. A filing may include *only*: the last four digits of a social security number; the year of an individual's birth; a minor's initials; and the last four digits of a financial account number.

Except as noted in this form, plaintiff need not send exhibits, affidavits, grievance or witness statements, or any other materials to the Clerk's Office with this complaint.

In order for your complaint to be filed, it must be accompanied by the filing fee or an application to proceed in forma pauperis.

I. The Parties to This Complaint

Α.	The	Plain	tiff(s)

В.

Name	Angel Christopher Abreu	
All other names by which	Pivide Chillia (Opinio)	
you have been known:		
ID Number	#398403	
Current Institution	DAVIS COUNTY JAIL	
Address	lo 200x 130	
	Farmington UT 84025	
	City State Zip Code	
Provide the information below findividual, a government agency listed below are identical to those the person's job or title (if known)	for each defendant named in the complaint, whether the defendant y, an organization, or a corporation. Make sure that the defendant se contained in the above caption. For an individual defendant, in and check whether you are bringing this complaint against them apacity, or both. Attach additional pages if needed.	is an t(s) clude
Defendant No. 1		
Name		
Job or Title (if known)		
Shield Number		
Shield Number Employer		
		-
Employer		
Employer	Citv State Zip Code	
Employer		
Employer Address	Citv State Zip Code	
Employer Address	Citv State Zip Code	
Employer Address Defendant No. 2 Name	Citv State Zip Code	
Employer Address Defendant No. 2	Citv State Zip Code	
Employer Address Defendant No. 2 Name Job or Title (if known) Shield Number	Citv State Zip Code	
Employer Address Defendant No. 2 Name Job or Title (if known) Shield Number Employer	Citv State Zip Code	
Employer Address Defendant No. 2 Name Job or Title (if known) Shield Number	Citv State Zip Code	
Employer Address Defendant No. 2 Name Job or Title (if known) Shield Number Employer	Citv State Zip Code	

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		Defendant No. 3 Name		¥ ·	
		Job or Title (if known)			
		Shield Number			
		Employer	e management of the control of the c		
		Address			
			Cit.	Charte	7: C - 1-
			City Individual capacity	State Official capacit	Zip Code
				,	
		Defendant No. 4	,		
		Name			
		Job or Title (if known)			
		Shield Number			
		Employer			
		Address			
			City	State	Zip Code
			☐ Individual capacity	✓ Official capaci	ty
II.	Under immu Feder	for Jurisdiction (REFEZ TO 4.42 U.S.C. § 1983, you may sue state nities secured by the Constitution and Bureau of Narcotics, 403 U.S. 388	e or local officials for the "ded d [federal laws]." Under <i>Biv</i>	eprivation of any righ ens v. Six Unknown N	ts, privileges, or Named Agents of
		tutional rights.			
	A.	Are you bringing suit against (check	•		
		Federal officials (a Bivens cla	im)		
		State or local officials (a § 19	83 claim)		
	В.	Section 1983 allows claims alleging the Constitution and [federal laws federal constitutional or statutory of the Constitution and [federal laws federal constitution and federal con]." 42 U.S.C. § 1983. If you right(s) do you claim is/are b	are suing under secti eing violated by state	on 1983, what or local officials?
	C.	Plaintiffs suing under <i>Bivens</i> may are suing under <i>Bivens</i> , what cons officials?	•		•

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	D.	Section 1983 allows defendants to be found liable only when they have acted "under color of any statute, ordinance, regulation, custom, or usage, of any State or Territory or the District of Columbia." 42 U.S.C. § 1983. If you are suing under section 1983, explain how each defendant acted under color of state or local law. If you are suing under Bivens, explain how each defendant acted under color of federal law. Attach additional pages if needed. At All times mentioned in this Complaint the Defendants were assictived to the Davis Court fall and Held the Mentioned Rank of title. For Further Liability to be found that the Complaint.
		(PEPEZ TO "CLAIM ONE" CLAIM TWO" CLAIM THIPEE" "KEAIM FOR
III.	Priso	ner Status
	Indica	ate whether you are a prisoner or other confined person as follows (check all that apply):
	X	Pretrial detainee
		Civilly committed detainee
		Immigration detainee
		Convicted and sentenced state prisoner
		Convicted and sentenced federal prisoner
		Other (explain)
IV.	Stater	ment of Claim (PLEASE REFER TO "IV. FACTS" FROM ALL CLAIMS ATTATCHE
	State a allege further any ca	as briefly as possible the facts of your case. Describe how each defendant was personally involved in the d wrongful action, along with the dates and locations of all relevant events. You may wish to include r details such as the names of other persons involved in the events giving rise to your claims. Do not cite uses or statutes. If more than one claim is asserted, number each claim and write a short and plain tent of each claim in a separate paragraph. Attach additional pages if needed.
	A.	If the events giving rise to your claim arose outside an institution, describe where and when they arose.
!		
	B.	If the events giving rise to your claim arose in an institution, describe where and when they arose.

er)

D. What are the facts underlying your claim(s)? (For example: What happened to you? Who did what? Was anyone else involved? Who else saw what happened?)

V. Injuries

If you sustained injuries related to the events alleged above, describe your injuries and state what medical treatment, if any, you required and did or did not receive.

(prose refer to the CLAIMS attatched for details of injuries)

Stab wound and laceration

Multiple abraisions

Chart transma and trouble brailing

· Chast trauma and fromble breathing · Paraesthresias in Both hands

VI. Relief

State briefly what you want the court to do for you. Make no legal arguments. Do not cite any cases or statutes. If requesting money damages, include the amounts of any actual damages and/or punitive damages claimed for the acts alleged. Explain the basis for these claims.

Please refer to "VII. CLAIMS FOR RECEET" and "VIII. RECIEF
REQUESTED" of each CLAIM attatched

D.	Did you file a grievance in the jail, prison, or other correctional facility where your claim(s) arose concerning the facts relating to this complaint?
	Yes
	□ No
	If no, did you file a grievance about the events described in this complaint at any other jail, prison, or other correctional facility?
	☐ Yes
	□ No
E.	If you did file a grievance:
	1. Where did you file the grievance?
	on the Krask as paper.
	2. What did you claim in your grievance? (REFER TO CLAIMS and "ExHAUSTION OF ADMINISTRATIVE ZEMEDICS FOR ALL CLAIMS" a Hatched.)
	3. What was the result, if any?
	Nothing was fixed or done
	4. What steps, if any, did you take to appeal that decision? Is the grievance process completed? If not, explain why not. (Describe all efforts to appeal to the highest level of the grievance process.)
	Wrote another grizvance.

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VIII.

F.	If y	ou did not file a grievance:
	1.	If there are any reasons why you did not file a grievance, state them here:
	2.	If you did not file a grievance but you did inform officials of your claim, state who you informed, when and how, and their response, if any:
G.		ase set forth any additional information that is relevant to the exhaustion of your administrative nedies.
	•	ote: You may attach as exhibits to this complaint any documents related to the exhaustion of your lministrative remedies.)
The "t the fill brough	hree ing fe	strikes rule" bars a prisoner from bringing a civil action or an appeal in federal court without paying see if that prisoner has "on three or more prior occasions, while incarcerated or detained in any facility, action or appeal in a court of the United States that was dismissed on the grounds that it is frivolous, or fails to state a claim upon which relief may be granted, unless the prisoner is under imminent
Ū		erious physical injury." 28 U.S.C. § 1915(g).
		of your knowledge, have you had a case dismissed based on this "three strikes rule"?
Y	es	
N M	0	
If yes,	state	which court dismissed your case, when this occurred, and attach a copy of the order if possible.

imprisonment?

reserved to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there whan one lawsuit, describe the additional lawsuits on another page, using the same format.) arties to the previous lawsuit laintiff(s) efendant(s) ourt (if federal court, name the district; if state court, name the county and State)
r answer to A is yes, describe each lawsuit by answering questions 1 through 7 below. (If there than one lawsuit, describe the additional lawsuits on another page, using the same format.) Parties to the previous lawsuit Idaintiff(s) efendant(s)
than one lawsuit, describe the additional lawsuits on another page, using the same format.) Parties to the previous lawsuit Idaintiff(s) efendant(s)
laintiff(s) efendant(s)
efendant(s)
ourt (if federal court, name the district; if state court, name the county and State)
ocket or index number
ame of Judge assigned to your case
pproximate date of filing lawsuit
s the case still pending?
Yes
□No
f no, give the approximate date of disposition.
What was the result of the case? (For example: Was the case dismissed? Was judgment enternal your favor? Was the case appealed?)

Pro Se 14 (Rev. 12/	16) Con	plaint for Violation of Civil Rights (Prisoner)
		Yes
	R	No
D.		our answer to C is yes, describe each lawsuit by answering questions 1 through 7 below. (If there is than one lawsuit, describe the additional lawsuits on another page, using the same format.)
	1.	Parties to the previous lawsuit
		Plaintiff(s)
		Defendant(s)
	2.	Court (if federal court, name the district; if state court, name the county and State)
	3.	Docket or index number
ч	4.	Name of Judge assigned to your case
	5.	Approximate date of filing lawsuit
	6.	Is the case still pending?
		Yes
		□No
		If no, give the approximate date of disposition
	7.	What was the result of the case? (For example: Was the case dismissed? Was judgment entered in your favor? Was the case appealed?)

with re	ison Litigation Reform Act ("PLRA"), 42 U.S.C. § 1997e(a), requires that "[n]o action shall be brought spect to prison conditions under section 1983 of this title, or any other Federal law, by a prisoner confined jail, prison, or other correctional facility until such administrative remedies as are available are ted."				
	inistrative remedies are also known as grievance procedures. Your case may be dismissed if you have not usted your administrative remedies.				
A.	Did your claim(s) arise while you were confined in a jail, prison, or other correctional facility?				
	Yes Yes				
	□ No				
	If yes, name the jail, prison, or other correctional facility where you were confined at the time of the events giving rise to your claim(s).				
	DAVIS COUNTY JAIL				
В.	Does the jail, prison, or other correctional facility where your claim(s) arose have a grievance procedure?				
	Yes Yes				
	□ No				
	☐ Do not know				
C.	Does the grievance procedure at the jail, prison, or other correctional facility where your claim(s) arose cover some or all of your claims?				
	Yes				
	□ No				
	Do not know				
	If yes, which claim(s)?				

IX. Certification and Closing

Under Federal Rule of Civil Procedure 11, by signing below, I certify to the best of my knowledge, information, and belief that this complaint: (1) is not being presented for an improper purpose, such as to harass, cause unnecessary delay, or needlessly increase the cost of litigation; (2) is supported by existing law or by a nonfrivolous argument for extending, modifying, or reversing existing law; (3) the factual contentions have evidentiary support or, if specifically so identified, will likely have evidentiary support after a reasonable opportunity for further investigation or discovery; and (4) the complaint otherwise complies with the requirements of Rule 11.

A. For Parties Without an Attorney

		s Office with any changes to my add failure to keep a current address on			
	Signature of Plaintiff Printed Name of Plaintiff Prison Identification # 398463				
	Prison Address	POBOX 130 farmington City	State	84025 Zip Code	
В.	For Attorneys				
	Date of signing:				
	Signature of Attorney Printed Name of Attorney Bar Number Name of Law Firm				
	Address				
	Telephone Number E-mail Address	City	State	Zip Code	